



STATE OF MISSOURI
DEPARTMENT OF INSURANCE
LICENSING SECTION

CONTINUING EDUCATION CERTIFICATION SUMMARY

P.O. BOX 690 or
P.O. BOX 4001 FOR CORRESPONDENCE WITH FEES
JEFFERSON CITY, MO 65102
TELEPHONE: (573) 751-3518

The information you furnish on this form will be used to determine whether you have complied with the continuing education requirements. **If this form is not completed in full, ALL documents will be returned. MAIL THIS FORM** to the Missouri Department of Insurance **with your license renewal.**

INSTRUCTIONS

1. If you are 70 years of age, you are exempt from all continuing education requirements but must pay renewal fee.
2. If you reside in a state (other than Missouri) **that requires continuing education**, please attach an original Letter of Certification **(dated within past six months)**. You do not need to complete this form. All other nonresidents must complete this form.
3. This form is a record of your continuing education credit hours. If you complete general credit courses you must indicate how you want them recorded. General credit courses may be used as PC credits or LH credits.
4. For each continuing education course, enter the Course Provider, Course Title, Missouri Course Number, Date Course Completed, and Number of C.E.C. Hours from your Certificate of Course Completion.
5. When you have completed all the requisite hours, sign and date the bottom of this form and **submit with license renewal**. You need to complete 10 hrs. for life & health, 10 hrs. for property & casualty or 16 hrs. for all lines.
6. **ATTACH THIS FORM TO YOUR LICENSE RENEWAL.**
7. Excess continuing education credits may be carried forward only to the 2-year period immediately following the current renewal period.
8. Instructors may earn the number of continuing education credit hours they instruct (only the first time a course is taught). If credit is earned as instructor, write "Instructor" next to the Course Title.

NAME OF AGENT/BROKER

SOCIAL SECURITY NUMBER

RESIDENCE ADDRESS (STREET, CITY, STATE, ZIP CODE) (REQUIRED)

MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)

RESIDENCE TELEPHONE NUMBER

BUSINESS TELEPHONE NUMBER

LIST OF CONTINUING EDUCATION COURSES

COURSE PROVIDER	COURSE TITLE	MO. COURSE* NUMBER	DATE COURSE COMPLETED MONTH/DAY/YEAR	CEC HOURS

*For All GC courses, indicate PC credit or LH credit below GC course number

TOTAL ►

CERTIFICATION

I certify that I have taken and completed the courses listed above and have not misrepresented any fact or information contained herein. I will furnish to the Department of Insurance, upon request, evidence of having taken any or all of the courses listed on this report. I understand that I will be subject to a \$1,000 voluntary forfeiture and/or license revocation for failure to provide truthful information on this form.

SIGNATURE OF AGENT/BROKER

DATE